MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03901

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick, Md. — LENGTH OF STAY (in this place): March 15/50

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvert County Hospital Prince Frederick, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: North Beach, Maryland — COUNTY: Calvert

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North Beach

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Phillip (Middle) E. (Last) Baker

4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5/20/80

9. AGE last birthday: 70 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Emp. Govt. Printing Office

10b. KIND OF BUSINESS OR INDUSTRY: Printer

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Baker

14. MOTHER'S MAIDEN NAME: Virginia Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife, Anastasia Baker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Hypertensive cardiovascular renal disease

442 X

Antecedent cause(s)

131a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): arteriosclerosis

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1950, to 4/9, 1950, that I last saw the deceased alive on 4/10, 1950, and that death occurred at 12:20 A.M., from the causes and on the date stated above.

SIGNATURE: H Weems. (Degree or title): MD ADDRESS: Huntingtown Md DATE SIGNED: 4/10/50

23. BURIAL, CREMATION, REMOVAL (Specify): DATE: Apr. 12 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem. — LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG.: 4-10-50 — REGISTRAR'S SIGNATURE: A W. Ward

24. FUNERAL DIRECTOR: T.F. Costello — ADDRESS: 1722 - N. Capitol

31097

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 13 1950
BUREAU V. S.

03902

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Daisy (Middle) Rebecca (Last) Brooks
4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1950
5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 10/28/1912
9. AGE last birthday 37 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Marshall
14. MOTHER'S MAIDEN NAME Ella Atkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Henry Brooks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral embolism — 30 min

Antecedent cause(s) (b) Operation on tubes after delivery — 10 days

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Had been to Dr. Bedsend, Returned home and fell after getting out a paralyzed & died

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4/9/50
19b. MAJOR FINDINGS OF OPERATION Tubes tied
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Embolis
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home — (CITY OR TOWN) Huntingtown (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 4/20/50 9:30 P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Was walking across floor when she fell

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
H. Ward Smith MD Owings Md Md

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 4/22/50 — NAME OF CEMETERY OR CREMATORY Huntingtown — LOCATION (City, town, or county) Huntingtown (State)

DATE REC'D BY LOCAL REG. 4/20/50 — REGISTRAR'S SIGNATURE H. Ward — 24. FUNERAL DIRECTOR L. Jewell — ADDRESS Prince Frederick

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

Code #'s changed on Practice of Med. Supp. Committee

64x

147d

RECEIVED
APR 28 1950
BUREAU V. B.

03903

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH — COUNTY: Calvert; CITY OR TOWN: West Beach; STATE: MARYLAND; LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md; COUNTY: Calvert; CITY OR TOWN: W. Beach; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) R (Last) Buckmaster

4. DATE OF DEATH (Month) 4 (Day) 12 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 1864

9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Emanuel Buckmaster

14. MOTHER'S MAIDEN NAME: Sibbie Dove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mamie Buckmaster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary embolism — 3 min

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Fell in yard

904x 420.1 186a

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/2, 1930, to 4/12, 1950, that I last saw the deceased alive on 4/11, 1950, and that death occurred at 4.30 P m., from the causes and on the date stated above.

SIGNATURE: H. Richard Owings MD (Degree or title) ADDRESS: DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Apr. 15, 1950 — NAME OF CEMETERY OR CREMATORY: Mt. Harmony Cem. — LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: April 13 — REGISTRAR'S SIGNATURE: Grace L. Hutchins

24. FUNERAL DIRECTOR: Wm H. Hutchins — ADDRESS: Owings

30844

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1980
BUREAU V. A.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

113914

Reg. Dist. No. 52

1. PLACE OF DEATH — COUNTY: Calvert — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): George White Green (First) (Middle) (Last)

4. DATE OF DEATH: (Month) 4 (Day) 24 (Year) 1950

5. SEX: M — 6. COLOR OR RACE: C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M — 8. DATE OF BIRTH: May 12 1881 — 9. AGE last birthday: 68 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer — 10b. KIND OF BUSINESS OR INDUSTRY: Farm Tenant — 11. BIRTHPLACE (State or foreign country): Penn — 12. CITIZEN OF WHAT COUNTRY?: C

13. FATHER'S NAME: Wm H. Green — 14. MOTHER'S MAIDEN NAME: Sarah Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): — 16. SOCIAL SECURITY NO.: — 17. INFORMANT AND ADDRESS: Rebecca Green

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral embolii — 12 hrs

490X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Talse Premia — 2 wks

108 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Was sitting up when he had a coming spell at 2 was graded in Hurst

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 1, 1922, to Apr 24, 1950, that I last saw the deceased alive on Apr 20, 1950, and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE: H. Ward (Degree or title) — ADDRESS: Owings Md — DATE SIGNED: 4/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: April 25 — NAME OF CEMETERY OR CREMATORY: Mt. Harmony Cemetery — LOCATION (City, town, or county) (State): Mt. Harmony

DATE REC'D BY LOCAL REG.: April 23, '50 — REGISTRAR'S SIGNATURE: Grace L. Hutchins — 24. FUNERAL DIRECTOR: Wm H. Hutchins — ADDRESS: Owings

VS. A15

0000V

RECEIVED
APR 27 1950
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13945

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Calvert
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick
LENGTH OF STAY (in this place): 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lusby
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First): Virginia (Middle): M. (Last): Sellers

4. DATE OF DEATH (Month): April (Day): 12 (Year): 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 26 1882

9. AGE last birthday: 67 yrs. If under 1 year: Months. 4 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frostburg

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles McCulloh

14. MOTHER'S MAIDEN NAME: Virginia McCulloh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Virginia A. Sellers - Lusby, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of liver

156.1

Antecedent cause(s)

46f

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20, 1950, to 4/12, 1950, that I last saw the deceased alive on 4/12, 1950, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title): ADDRESS: Huntingtown Md DATE SIGNED: 4/13/50

23. BURIAL / CREMATION / REMOVAL (Specify): Burial

DATE: Apr. 14, 1950

NAME OF CEMETERY OR CREMATORY: Middleham Chapel

LOCATION (City, town, or county): Lusby (State): Md

DATE REC'D BY LOCAL REG.: 4/14/50

REGISTRAR'S SIGNATURE: N. W. Hard

24. FUNERAL DIRECTOR: A. A. Harkness & Son - Mutual, Md

ADDRESS:

RECEIVED
APR 24 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03996

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Calvert — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvert Co.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ches. Beach
STREET ADDRESS (If rural, give location): Md

3. NAME OF DECEASED (Type or Print): (First) Joyce (Middle) Ann (Last) Steel
4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1950
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 2/20/50
9. AGE last birthday: 2 Mo yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wash Co
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Doyle Lechlider
14. MOTHER'S MAIDEN NAME: Dorothy Steel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Dorothy Steel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial Pneumonia ?

Antecedent cause(s) (b) Bronchitis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

754.3

157e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Probably a partial foreign body

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11 05 A m., from the causes and on the date stated above.

SIGNATURE: H. Ward C. M.D. (Degree or title) ADDRESS: Owings Md DATE SIGNED: 4/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4/22/50 — NAME OF CEMETERY OR CREMATORY: Monocacy — LOCATION (City, town, or county) (State): P.G. Co. Beltsville Md.

DATE REC'D BY LOCAL REG.: 4/20/50 — REGISTRAR'S SIGNATURE: H. Ward — 24. FUNERAL DIRECTOR: W. H. Hutchins & Son — ADDRESS: Owings Md

9-R-2-26-0-00-R-99-R

RECEIVED
APR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03907

Reg. Dist. No. 57

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Costers | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Costers
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) B. (Last) Tongue

4. DATE OF DEATH (Month) Apr. (Day) 30 (Year) 1950

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M | 8. DATE OF BIRTH Dec. 17, 1874 | 9. AGE last birthday 75 yrs. | If under 1 year: Months 4, Days 13 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Baltimore, Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas A. Billingsleys | 14. MOTHER'S MAIDEN NAME Alice Kent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) No | 16. SOCIAL SECURITY NO. No | 17. INFORMANT AND ADDRESS Charles W. Tongue - Costers, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bright's disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 4/30 50, 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE R. Williams (Degree or title) ADDRESS 5th Genoa. Md DATE SIGNED 5/1/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE May 2, 1950 | NAME OF CEMETERY OR CREMATORY Middleham Chapel | LOCATION (City, town, or county) Lusby, (State) Md.

DATE REC'D BY LOCAL REG. 5-2-50 | REGISTRAR'S SIGNATURE H. W. Ward | 24. FUNERAL DIRECTOR A. A. Wackenhut & Son | ADDRESS Mutual Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1b

RECEIVED
MAY 5 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 15908 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Calvert — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Weems

4. DATE OF DEATH: (Month) Apr. (Day) 18 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Jan. 1882

9. AGE last birthday: 68 yrs. — If under 1 year: Months 3, Days 3, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm Hand

11. BIRTHPLACE (State or foreign country): Calvert County, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Thomas Weems

14. MOTHER'S MAIDEN NAME: Rosalie Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Mrs Kinney Hance - Prince Frederick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart failure (decompensation)

592 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bright's disease

130 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/17, 1950 to 4/18, 1950, that I last saw the deceased alive on 4/18, 1950, and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE: R. D. Williams (Degree or title) S — ADDRESS: S. St. Leonard, Md — DATE SIGNED: 4/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Apr. 20, 1950 — NAME OF CEMETERY OR CREMATORY: Christ Church — LOCATION (City, town, or county) (State): Port Republic, Md

DATE REC'D BY LOCAL REG. 4-18-50 — REGISTRAR'S SIGNATURE: H. H. Ward

24. FUNERAL DIRECTOR: A. A. Hackness — ADDRESS: Prince Frederick, Md

VS. A15

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RECEIVED
APR 24 1950
BUREAU V. S.